

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033185

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3053 Registrar's No. 108

FILED AUG 26 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Buffalo</u>		c. CITY OR TOWN <u>Louisiana</u>	
Length of stay in 1b <u>10 Years</u>		Inside Limits <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stark Nurseries</u>		d. STREET ADDRESS (If outside, give location) <u>1118 Dougherty Pike</u>	
3. NAME OF DECEASED (Type or print) First <u>Willis</u> Middle <u>Monrow</u> Last <u>Blackorby</u>		4. DATE OF DEATH <u>Aug. 14, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/11/1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agriculture</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nurseries</u>	
11. BIRTHPLACE (City and state or country) <u>Hamburg, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis B. Blackorby</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Buchanan</u>	
14. NAME OF HUSBAND OR WIFE <u>Virginia Blackorby</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of) <u>No</u>	
16. SOCIAL SECURITY NO. <u>32</u>		17. INFORMANT <u>Virginia Blackorby Louisiana, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>C.V.A.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertension</u> DUE TO (c) <u>Cardio-vascular disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>2:30 p.m.</u> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8-19-58</u> to <u>8-14-63</u> and last saw <u>her</u> alive on <u>I saw him dead</u> Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas. H. Leavelle</u> (Degree or title)		22b. ADDRESS <u>122 S. 3rd. Louisiana, Mo.</u>	
22c. DATE SIGNED <u>8-15-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8/16/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek</u>	
23d. LOCATION (City, town, or county) <u>Hamburg, Ill.</u>		23e. REGISTRAR'S SIGNATURE <u>Burnice Collins</u>	
24. FUNERAL DIRECTOR <u>Sterne Funeral Home Louisiana, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-16-63</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 10 1963

OCT 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.